Effective January 1, 2003 /0 66 /3													73	ļ.
		(Colu	mn 2)		SMALL ENTITY TYPE			OR	OTHER THAN SMALL ENTITY					
TOTAL CLAIMS) (Column 1)					RATE FEE]	RATE	FEE		
FOR			NUMBER FILED		NUMB	ER EXTRA	ı	BASIC	FEE	375.00	OB	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			2 minus 20=		. 4			_X\$.9			OR	-X\$18=-	12	1A
INDEPENDENT CLAIMS			3 minus 3 =		. 0			X42:			1	X84=	700	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT								OR			
* If the difference in column 1 is less than zero, enter "0" in column 2								+140			OR		822	
1 7 CLATMS AS AMENDED - PART II									VL		OR	OTHER		4
7	120/25	(Column 1)		(Colur	nn 2)	(Column 3)		SMA		ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	. 27	Minus	- d	3_	=		X\$ 9	=		OR	X\$18=		
AME	Independent Minus HEAT = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X42:	3	_	OR	X84=		
									#		OR	+280=		
		l	TO1			OR	TOTAL ADDIT, FEE							
		(Column 1)	•	(Colur		(Column 3)	. ′	OUT. F	,		•	ADON. 1 EE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	BER DUSLY	PRESENT EXTRA		RATI	-	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	##		=		X\$ 9:	=	, :	OR	X\$18=	,	
AME	Independent	*	Minus	***	CL ADA			X42=			OR	X84=		-
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								a		OR	+280=		
											OR	TOTAL ADDIT, FEE		
_		(Column 1)		(Colur		(Column 3)	-	VODIT. F						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9:			OR	X\$18=		
AME	independent	*	Minus	***	. 61 4.44		 	X42=			OR	X84=		
ا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE												TOTAL		
**	'If the "Highest Nu	mber Previously Pa Imber Previously Pa Inber Previously Pa	aid For IN TH	S SPACE	is less tha	มา 3, enter "3."		ODIT. F	EE	propriate bo	OR x in ∞	ADDIT. FEE	· · ·	

Application or Docket Number